

Hoosier Healthwise Program Redesign & Interaction with Behavioral Health

March 22, 2006



Indiana Family and Social Services Administration (FSSA)

- ✓ Hoosier Healthwise Program Redesign
 - *Who, What, When, and Where?*
- ✓ Request For Services: Behavioral Health, except for MRO and PRTF
- ✓ The Mechanics and Numbers
- ✓ Perceptions and Facts
- ✓ Moving Forward & Next Steps
- ✓ Feedback

Hoosier Healthwise Program Redesign



✓ The State's Vision

- To lead the future of healthcare in Indiana by being the most effective health and human services agency in the nation

✓ Hoosier Healthwise Population

- Children up to 200% FPL, pregnant women up to 150% FPL, and low-income parents up to 22% FPL
- Members qualify for Medicaid based on income, rather than disability
- Assumed that most women and children enrolled are free from serious mental illness and other chronic medical conditions

The Need for Change



Goal: To improve health care delivery and outcomes by changing the way health care is delivered to the Hoosier Healthwise population

A

Provide a comprehensive and complete “medical home” for each Hoosier Healthwise member

B

Encourage provider ownership of healthcare delivery

C

Reward quality care and improved outcomes

The Need for Change (continued)



Goal: To improve health care delivery and outcomes by changing the way health care is delivered to the Hoosier Healthwise population

D

Promote personal accountability

E

Leverage community- and school-based health services and technology advances

F

Develop an infrastructure that can support an increasing indigent population in the future

What is Capitation?



- ✓ Capitation is not a cap on services.
- ✓ Rather, capitation is a financial arrangement between a Managed Care Organization (MCO) and the State.
- ✓ Based on actuarial analysis, the State pays the MCO per member per month (PMPM) to manage a client's care. The State benefits because we can forecast our expenditures.
- ✓ The MCO is willing to assume the financial risk because if the care of clients on a whole is appropriately managed, expenditures per member should decrease. (Think: Appropriate preventive care saves on ER visits and other more expensive care in the long run.)

Summary Of Hoosier Healthwise Redesign



Design Feature	Current Feature	2007 Feature
1. Contracting areas	Three regions: North, Central and South	Eight “marketplaces” or regions based on hospital inpatient discharges
2. Contracting entities	Five MCOs and one PCCM administrator	At least two MCOs per region
3. Enrollment	Member chooses PMP, not MCO	Member chooses MCO, then PMP
4. Covered Population	<ul style="list-style-type: none"> • Pregnant women • Children • Low income families 	<ul style="list-style-type: none"> • Pregnant women • Children • Low income families
5. Covered Services	Comprehensive, <u>excluding</u> behavioral health and dental services	Comprehensive, <u>including</u> behavioral health. (MRO & dental services excluded.)

Summary Of Hoosier Healthwise Redesign (continued)



Design Feature	Current Feature	Proposed Feature
6. Electronic Data Sharing	No requirements	Require electronic data sharing, based on infrastructure that exists in region
7. School-Based Health Care Services	No requirements	Encourage relationships with school-based providers, based on infrastructure that exists in region
8. Pay-for-Performance	No requirements	Link MCO and provider performance to payment
9. Physician Extenders	Limited number & use of physician extenders	Explore options to expand number and use of extenders
10. Patient & Personal Responsibility	No requirements	Promote healthy behaviors through education & program design

Eight Regions*



NW 83,800

West
Central
38,953

Central
145,572

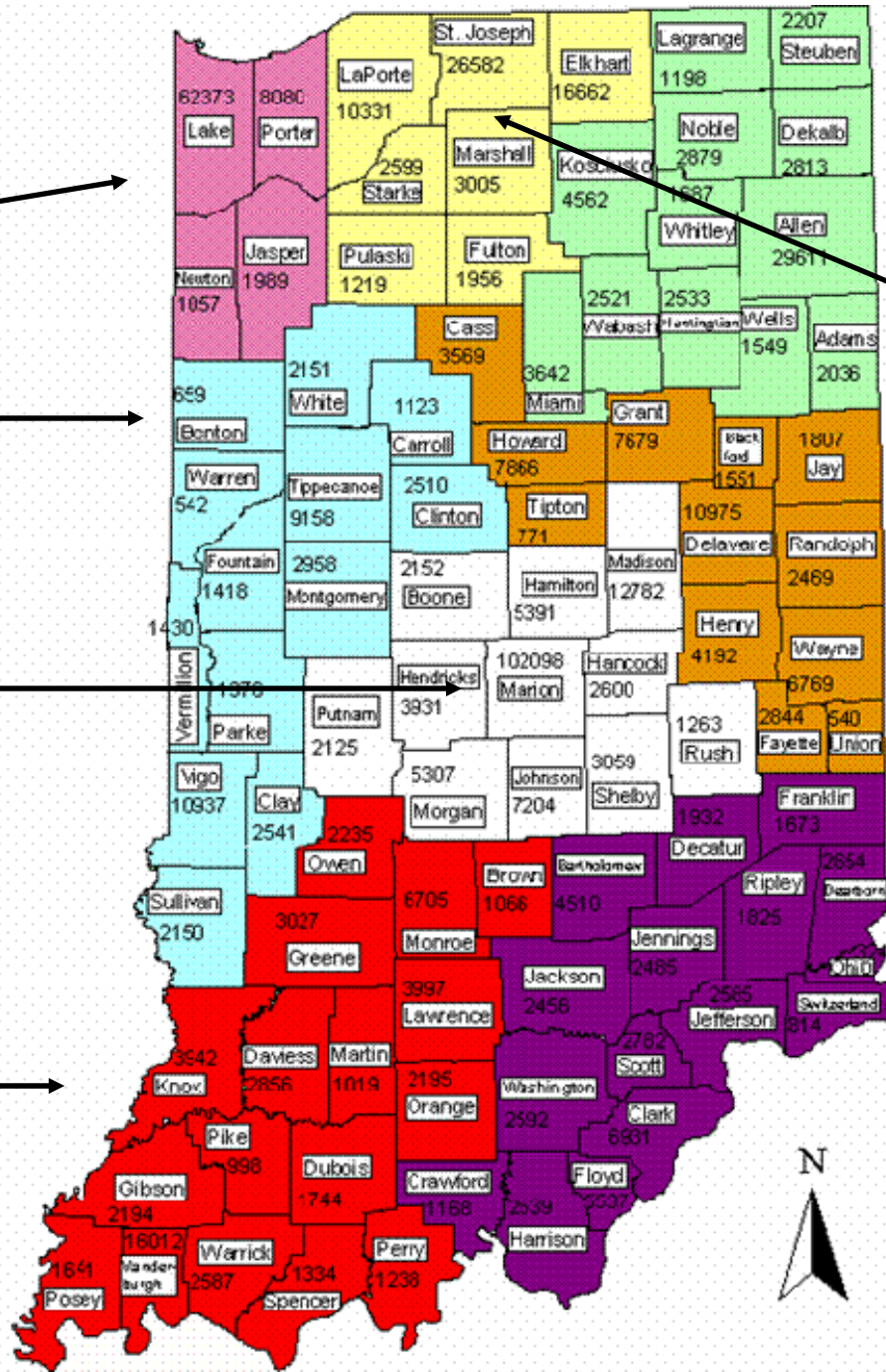
SW
54,790

NE 57,236

North
Central
52,023

East Central
51,032

SE 42,807



* Enrollment numbers represent the number of recipients in each region as of 10/31/05.

5. Covered Services

The following services would be covered:

Comprehensive Services

- Hospital care
- Physician care
- Pharmacy services
- Ancillary services
- Transportation services
- Other services

Carved-In (Included) Services

- Behavioral health services (except MRO & PRTF)

Dental services,
MRO, & PRTF
remain carved out.

RFS: Behavioral Health



- ✓ As of 1/1/07, MCOs will provide service and pay claims for Hoosier Healthwise behavioral health services.
 - Will not include MRO (Medicaid Rehabilitation Option)
 - Will not include PRTF (Psychiatric Residential Treatment Facility)
- ✓ MCOs and Community Mental Health Centers (CMHCs) will be strongly encouraged to contract and partner with one another

RFS: Behavioral Health



- ✓ How will the relationship between MCOs, BH providers, and consumer/members work?
 - Contracted CMHCs will receive fee for service payments at Medicaid rates or better (depending on contract with MCOs).
 - Access to services and Benefits package for members equal to or better than current environment.
 - MCOs will have Behavioral Health case managers for persons with complex BH needs.
 - Members can self-refer to a BH provider in the MCO's network.

The Numbers



- ✓ On December 31st, 2005 there were 385,501 children and adolescents between 0-17 who were on Hoosier Healthwise
- ✓ It is estimated that 4.3% (16,577) of these individuals were also HAP enrolled

Perceptions and Facts

- ✓ See Perceptions & Facts hand-out.
- ✓ FSSA & Medicaid will ensure that...
 - Care is holistic and coordinated.
 - Benefits and access will be the same as or better than the current Fee For Service environment.
 - MCOs provide medically necessary treatment.
 - Children with chronic behavioral health conditions are transitioned to care management in the Fee For Service environment.
 - MCOs will be appropriately monitored to ensure quality care of clients.

Next Steps



The State will:

- ✓ Release a Request for Services (RFS) for the Hoosier Healthwise Program in early April.
- ✓ Contract with MCOs by the end of summer.
- ✓ Implement the new Hoosier Healthwise program design statewide on January 1, 2007.
- ✓ Expect MCOs to use CANS as an assessment tool once available.
- ✓ Develop and release of an RFS for Care Management Services for the ABD population by August 1, 2006, with implementation on April 1, 2007

Moving Forward



- ✓ We need your input.
- ✓ How can we make the transition smooth for consumers and providers?
 - Educational materials?
 - Information about MCOs?
 - Information about behavioral health services?
 - Helpline?
- ✓ Submit questions via email to ManagedCare@fssa.in.gov.
- ✓ FSSA is willing to host 2 meetings with a small group (May and June).